

**UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF NORTH CAROLINA**

UNITED STATES OF AMERICA

V.

JUDGMENT IN A CRIMINAL CASE

(For **Revocation** of Probation or Supervised Release)

(For Offenses Committed On or After November 1, 1987)

Michael Alonzo Robinson

Case Number: DNCW 198CR000331-002

USM Number: 15291-058

Derrick R. Bailey

Defendant's Attorney

**THE DEFENDANT:**

X admitted guilt to violation of condition(s) 1, 2, 3, 4 and 5 of the term of supervision.  
\_\_\_ was found in violation of condition(s) count(s) \_\_\_\_\_ after denial of guilt.

**ACCORDINGLY**, the court has adjudicated that the defendant is guilty of the following violation(s):

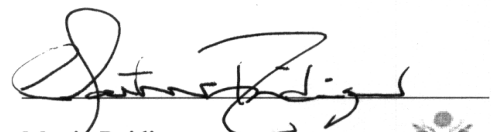
<u>Violation Number</u>	<u>Nature of Violation</u>	<u>Date Violation Concluded</u>
1	DRUG/ALCOHOL USE	7/5/2011
2	DRUG/ALCOHOL USE	8/18/2011
3	DRUG/ALCOHOL USE	9/20/2011
4	FAILURE TO REPORT FOR MENTAL HEALTH TREATMENT	2/28/2011
5	FAILURE TO MAKE REQUIRED COURT PAYMENTS	1/28/2012

The Defendant is sentenced as provided in pages 2 through 3 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984, United States v. Booker, 125 S.Ct. 738 (2005), and 18 U.S.C. § 3553(a).

\_\_\_ The Defendant has not violated condition(s) \_\_\_\_\_ and is discharged as such to such violation(s) condition.

**IT IS ORDERED** that the Defendant shall notify the United States Attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay monetary penalties, the defendant shall notify the court and United States attorney of any material change in the defendant's economic circumstances.

Date of Imposition of Sentence: 5/16/2012

  
Martin Reidinger  
United States District Judge



Signed: May 24, 2012

Defendant: Michael Alonzo Robinson  
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**IMPRISONMENT**

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a term of Twelve (12) months.

X The Court makes the following recommendations to the Bureau of Prisons:

- Participate in any available substance abuse treatment program and if eligible receive benefit of 18:3621(e)(2).
- Participate in any mental health treatment programs that may be available.
- Support all dependants from prison earnings.

X The Defendant is remanded to the custody of the United States Marshal.

       The Defendant shall surrender to the United States Marshal for this District:

       as notified by the United States Marshal.

       at        a.m. / p.m. on       .

       The Defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:

       as notified by the United States Marshal.

       before 2 p.m. on       .

       as notified by the Probation Office.

**RETURN**

I have executed this Judgment as follows:

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Defendant delivered on \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_, with a certified copy of this Judgment.

\_\_\_\_\_  
United States Marshal

By: \_\_\_\_\_  
Deputy Marshal

Defendant: Michael Alonzo Robinson  
Case Number: DNCW 198CR000331-002

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STATEMENT OF ACKNOWLEDGMENT

I understand that my term of supervision is for a period of \_\_\_\_\_ months, commencing on \_\_\_\_\_ .

Upon a finding of a violation of probation or supervised release, I understand that the court may (1) revoke supervision, (2) extend the term of supervision, and/or (3) modify the conditions of supervision.

I understand that revocation of probation and supervised release is mandatory for possession of a controlled substance, possession of a firearm and/or refusal to comply with drug testing.

These conditions have been read to me. I fully understand the conditions and have been provided a copy of them.

(Signed) \_\_\_\_\_ Date: \_\_\_\_\_  
Defendant

(Signed) \_\_\_\_\_ Date: \_\_\_\_\_  
U.S. Probation Office/Designated Witness